

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17548

FILED JUN 12 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 143

1. PLACE OF DEATH:

(a) County... Cape Girardeau
(b) City or town... Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community 26 days

3. (a) PRINT FULL NAME Ronald Joseph Yallaly

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased April 7th 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 26 hr. min.

9. Birthplace Cape Girardeau Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business...

12. Name George Edward Yallaly
13. Birthplace Marshall Missouri (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Kitchell
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Yallaly
(b) Address Cape Girardeau Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-04-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemt.
18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau Mo.

19. (a) 5-5-43 (b) G.H. Phelps (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 543 South Hanover St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 4/7 to 5/2 1943 that I last saw him alive on 5/2 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Cause not known

Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations... Of autopsy... Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature G.H. Phelps (M. D. or other) Date signed 5/2/43

(Licensed Embalmer's Statement on Reverse Side)

1014

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1943

RECEIVED

District Health Officer No. 4

District File Number 643-230

Date Filed 6-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.